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VETERANS AFFAIRS

Subcommittee on Veterans Health

RE: Commentary on HR 1058, VA PROVIDER EQUITY ACT

My name is Lawrence B. Harkless, DPM, FACFS and I am providing a voluntary statement in support of efforts to improve compensation for podiatric physicians and surgeons that are employed by the Veterans Health Administration. I am qualified to comment on this issue because of my personal experience and observations on the role provided by qualified podiatrists in caring for patients who have problems related to the lower extremities, and especially their feet.

By way of background, I am a Board certified foot and ankle surgeon and have been serving for the past ten years as the Founding Dean and Professor of Podiatric Medicine and Surgery at Western University of Health Sciences in Pomona, California. For my over thirty-year career I have served as a professor in the Department of Orthopedics and Podiatry Division Chief, and Director of Residency for Podiatric Medicine at the University of Texas Health Science Center, San Antonio, Texas. This also included staff privileges at the Audie Murphy VA Hospital where I was an attending physician during my thirty-year career. I have had the unique opportunity to serve the county hospital population in addition to the veteran's population of the San Antonio community and beyond. I also served on a Special Medical Advisory Group (SMAG) that advises the Secretary of the VA from 1995-2001.

During my entire career of working at UT and Audie Murphy VA it IS my own opinion that podiatric physicians and surgeons have been undercompensated and undervalued in comparison to their peers, and to their role in providing comprehensive care for the feet and lower extremities of veterans. The VA continues to have trouble recruiting and retaining experienced podiatric providers due to low compensation. The VA can recruit young providers out of residency but once they become Board certified and more experienced, they leave the VA for the private sector. Several of my former residents, who were destined for academic careers, have not taken VA positions due to this low compensation. Our veterans deserve better.

The ability to attract and retain experienced podiatric providers has affected access. With a projected increase of over 400,000 additional veterans coming into the system, the VA will continue to struggle with access unless the VA can offer better compensation for podiatric physicians. Legislatively capped

VA clinical podiatrists in nearly 58% of the regions receiving locality pay have reached the legislatively capped rate of pay for the executive schedule which has resulted in significant reduction in pay over the past decade for many of highly productive and experienced providers.

The Center for Medicare and Medicaid Services (CMMS) is already defining podiatrists as physicians under Title XVIII. The VA's definition is from the 1976 Title XXXVIII Omnibus Bill, and it is an outdated thirty-year old law. Podiatrists share the same inpatient/outpatient on call and rounding responsibilities as any other physician's profession.

The VA is central to residency education and training for podiatrists. It trains more podiatric medical residents than any health system. It's important to attract the best and brightest as they will provide leadership in education, research and service to the next generation of podiatrists who will care for the veterans. Moreover they will have an impact with interprofessional teams in improving foot health for the veteran population.

Podiatry has the most important role in keeping America walking. Their knowledge and skills in the management in foot problems in the areas of diabetes, aging and arthritis are noteworthy. Congress now finds itself with the opportunity to make long needed improvements in the VA health care delivery system, and I hope my testimony will encourage the House to do the right thing for our veterans and America.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Harkless", with a stylized flourish at the end.

Lawrence B. Harkless, DPM

LBH:mb